



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050
September 26, 2013

VERBAL NOTIFICATION AND CERTIFIED MAIL
7007 1490 0003 4201 5722

Administrator
Park Vista Retirement & Assisted Living Community
c/o 3220 State Street, Suite 200
Salem OR 97301

Assisted Living Facility License #1810
Licensee: Park Vista Retirement & Assisted Living Community LLC

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

This letter constitutes formal notice of a stop placement order prohibiting admissions to your assisted living facility located at **2944 SE Lund Avenue, Port Orchard**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

The stop placement of admissions to your assisted living facility is based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on September 19, 2013.

WAC 388-78A-2210 (2)(a)(b) Medication services.

The facility failed to safely administer their medication management system.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Dahl Kim, Field Manager
District 3, Unit A
P.O. Box 45819
MS: N27-24
Olympia WA 98504-5819
Phone: (253) 983-3826/ Fax: (253) 589-7240

The stop placement order prohibiting admissions to your assisted living facility is effective immediately upon verbal notice to you on **September 26, 2013**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Dahl Kim at (253) 983-3826.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

You may contest the imposition of a stop placement order prohibiting admissions to your home by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies report must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

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As provided in RCW 18.20, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies.

To request an informal dispute resolution meeting, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the specific deficiencies and/or enforcement action(s) that are disputed;
- Explain why you are disputing the deficiencies and/or enforcement action(s);
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice and Statement of Deficiencies report.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

If you have any questions, please contact Dahl Kim at (253) 983-3826.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist
RCS Field Manager – District 3, Unit A
RCS District Administrator – District 3
HCS Regional Administrator – Region 3
DDD Regional Administrator – Region 3
Washington State Long Term Care Ombuds
Area Agency on Aging, AAA- Kitsap
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _Park Vista Retirement & Assisted Living Community

MAILING ADDRESS: __3220 State Street, Suite 200, Salem Or 97301

PHYSICAL ADDRESS: 2944 SE Lund Avenue, Port Orchard WA 98366

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: _Dahl Kim_____, Field Manager, Region _3_ Unit _A_

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Licensee or Designee Signature

Date